

111TH CONGRESS
1ST SESSION

H. R. 3895

To authorize the Secretary of Health and Human Services to conduct or support research and demonstration projects on the use of financial and in-kind subsidies and rewards to encourage individuals and communities to promote wellness, adopt healthy behaviors, and use evidence-based preventive health services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 21, 2009

Mrs. DAHLKEMPER introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To authorize the Secretary of Health and Human Services to conduct or support research and demonstration projects on the use of financial and in-kind subsidies and rewards to encourage individuals and communities to promote wellness, adopt healthy behaviors, and use evidence-based preventive health services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. RESEARCH ON SUBSIDIES AND REWARDS TO**
2 **ENCOURAGE WELLNESS AND HEALTHY BE-**
3 **HAVIORS.**

4 (a) RESEARCH AND DEMONSTRATION PROJECTS.—

5 (1) IN GENERAL.—The Secretary of Health and
6 Human Services shall conduct, or award grants to
7 public or nonprofit private entities to conduct, re-
8 search and demonstration projects on the use of fi-
9 nancial and in-kind subsidies and rewards to encour-
10 age individuals and communities to promote
11 wellness, adopt healthy behaviors, and use evidence-
12 based preventive health services.

13 (2) FOCUS.—Research and demonstration
14 projects under paragraph (1) shall focus on—

15 (A) tobacco use, obesity, and other preven-
16 tion and wellness priorities identified by the
17 Secretary in the national strategy under section
18 3121 of the Public Health Service Act, as
19 amended by the America's Affordable Health
20 Choices Act of 2009;

21 (B) the initiation, maintenance, and long-
22 term sustainability of wellness promotion; adop-
23 tion of healthy behaviors; and use of evidence-
24 based preventive health services; and

25 (C) populations at high risk of preventable
26 diseases and conditions.

1 (b) FINDINGS; REPORT.—

2 (1) SUBMISSION OF FINDINGS.—The Secretary
3 shall submit the findings of research and demonstra-
4 tion projects under subsection (a) to—

5 (A) the Task Force on Clinical Preventive
6 Services or the Task Force on Community Pre-
7 ventive Services, as appropriate; and

8 (B) the Health Benefits Advisory Com-
9 mittee established by section 223 of the Amer-
10 ica’s Affordable Health Choices Act of 2009.

11 (2) REPORT TO CONGRESS.—Not later than 18
12 months after the initiation of research and dem-
13 onstration projects under subsection (a), the Sec-
14 retary shall submit a report to the Congress on the
15 progress of such research and projects, including
16 any preliminary findings.

17 (c) INCLUSION IN ESSENTIAL BENEFITS PACK-
18 AGE.—If, on the basis of the findings of research and dem-
19 onstration projects under subsection (a) or other sources
20 consistent with section 3131 of the Public Health Service
21 Act, as amended by the America’s Affordable Health
22 Choices Act of 2009, the Task Force on Clinical Preven-
23 tive Services determines that a subsidy or reward meets
24 the Task Force’s standards for a grade A or B, the Sec-
25 retary shall ensure that the subsidy or reward is included

1 in the essential benefits package under section 222 of the
2 America's Affordable Health Choices Act of 2009.

3 (d) INCLUSION AS ALLOWABLE USE OF COMMUNITY
4 PREVENTION AND WELLNESS SERVICES GRANTS.—If, on
5 the basis of the findings of research and demonstration
6 projects under subsection (a) or other sources consistent
7 with section 3132 of the Public Health Service Act, as
8 amended by the America's Affordable Health Choices Act
9 of 2009, the Task Force on Community Preventive Serv-
10 ices determines that a subsidy or reward is effective, the
11 Secretary shall ensure that the subsidy or reward becomes
12 an allowable use of grant funds under section 3151 of the
13 Public Health Service Act, as amended by the America's
14 Affordable Health Choices Act of 2009.

15 (e) NONDISCRIMINATION; NO TIE TO PREMIUM OR
16 COST SHARING.—In carrying out this section, the Sec-
17 retary shall ensure that any subsidy or reward—

18 (1) does not have a discriminatory effect on the
19 basis of any personal characteristic extraneous to
20 the provision of high-quality health care or related
21 services; and

22 (2) is not tied to the premium or cost sharing
23 of an individual under any qualified health benefits
24 plan (as defined in section 100(c) of the America's
25 Affordable Health Choices Act of 2009).

1 (f) DEFINITIONS.—In this Act:

2 (1) The term “Task Force on Clinical Preven-
3 tive Services” means the Task Force on Clinical
4 Preventive Services established under section 3131
5 of the Public Health Service Act, as amended by the
6 America’s Affordable Health Choices Act of 2009.

7 (2) The term “Task Force on Community Pre-
8 ventive Services” means Task Force on Community
9 Preventive Services established under section 3132
10 of the Public Health Service Act, as amended by the
11 America’s Affordable Health Choices Act of 2009.

12 (3) The term “Secretary” means the Secretary
13 of Health and Human Services.

14 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this Act, there are authorized to be appropriated such
16 sums as may be necessary for each of fiscal years 2011
17 through 2015.

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